

State of Mississippi

Descriptions of Limitations as to Amount, Duration and Scope of Medical Care and
Services Provided

18. Hospice Benefit

- I. The hospice benefit is provided in accordance with Title 18, Section 1861 (dd) of the Social Security Act for the palliation or management of an individual's terminal illness. An individual is considered terminally ill if the medical prognosis is life expectancy of six (6) months or less. Election of the hospice option causes the beneficiary to forfeit all other Medicaid program benefits provided for in the State Plan that may also be available under the hospice benefit related to the treatment of the individual's terminal illness, except for children under the age of 21.
- II. Hospice care provides the following items and services to a terminally ill individual by, or by others under arrangements made by, a hospice program under an individualized written plan of care established and periodically reviewed by the individual's attending physician, the medical director, and the hospice program interdisciplinary team:
 - a. nursing care provided by a registered nurse,
 - b. physical or occupational therapy, or speech-language pathology services,
 - c. medical social services under the direction of a physician,
 - d. services of a
 - i. hospice aide who has successfully completed an approved training program, and
 - ii. homemaker services,
 - e. medical supplies (including drugs and biologicals) and the use of medical appliances, while under such a plan,
 - f. physicians' services,
 - g. short-term inpatient care (including both respite care and procedures necessary for pain control and acute symptom management) in an inpatient facility meeting the special hospice standards regarding staffing and patient areas, but such respite care may be provided only on an intermittent, nonroutine, and occasional basis and may not be provided consecutively over longer than five days,
 - h. counseling (including dietary counseling) with respect to care of the terminally ill individual and adjustment to his death, and
 - i. any other item or service which is specified in the plan and for which payment may otherwise be made under this title.

The care and services described in subparagraphs a. and d. as noted above may be provided on a 24-hour, continuous basis only during periods of crisis and only as necessary to maintain the terminally ill individual at home.

- III. The following providers and practitioners who furnish hospice services must meet all requirements in accordance with the rules and regulations as defined in the Minimum Standards of Operations for Hospice per the Mississippi State Department of Health including Miss.

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Code §41-85-1 through §41-85-25 (1972, as amended):

- a. Medical Director – must be a Doctor of Medicine or Osteopathy licensed to practice in the State of Mississippi. May be an employee or a volunteer of the hospice agency or contractual agreement.
 - b. Registered Nurse – must be licensed to practice in the State of Mississippi with no restrictions, at least one (1) year full-time experience and is an employee of the hospice or contracted by the hospice.
 - c. Bereavement Counselor – Must have documented evidence of appropriate training and experience in the care of the bereaved received under the supervision of a qualified professional.
 - d. Dietary Counselor - Must be a registered dietician licensed in the State of Mississippi who meets the qualification standards of the Commission on Dietetic Registration of the American Dietetic Association;
 - e. Spiritual Counselor – Must have documented evidence of appropriate training and skills to provide spiritual counseling, such as Bachelor of Divinity, Master of Divinity or equivalent theological degree or training.
 - f. Social Worker – Must have a minimum of a Bachelor's Degree from a school of social work accredited by the council of Social Work Education and licensed in the State of Mississippi with a minimum of one (1) year documented clinical experience appropriate to the counseling and casework needs of the terminally ill and be an employee of the hospice.
 - g. Hospice Aide/Homemaker – Must be a qualified person who provides direct patient care and/or housekeeping duties in the home or homelike setting under the direct supervision of a registered nurse. Documentation of all training and competence is required.
 - h. Occupational Therapist - Must be licensed by the State of Mississippi
 - i. Physical Therapist - Must be licensed in the State of Mississippi.
 - j. Speech Pathologist - Must be licensed by the State of Mississippi, or completed the academic requirements as directed by the State Certifying Body and work experience required for certification.
- IV. Medicaid beneficiaries under the age of 21 may receive hospice benefits including curative treatment without foregoing any other service to which the child is entitled under the Medicaid program pursuant to section 2302 of the Patient Protection and Affordable Care Act of 2010, as amended by the Health Care and Education Reconciliation Act.
- V. Hospice election periods are: (1) An initial 90-day period; (2) A subsequent 90-day period; or (3) an unlimited number of subsequent 60-day periods are available provided a physician certifies that the recipient is terminally ill or that the condition of the beneficiary has not changed since the previous certification of terminal illness.

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Mississippi Medicaid's hospice fee schedule is updated annually with an effective date of October 1 for services provided on or after that date. All rates may be viewed at <http://www.medicaid.ms.gov/HospiceFees.aspx>.

The fee schedule reimburses for the hospice benefit, including routine home care, continuous home care, inpatient respite care and general inpatient care. These rates are authorized by section 1814(i)(c)(ii) of the Social Security Act, which also provides for annual increases in payment rates for hospice care services.

If a Medicaid beneficiary elects the Hospice Program and is admitted to nursing facility as an individual on hospice at the same time or while residing in a nursing facility when the hospice election is made, the State pays the hospice provider a room and board rate that is 95% of the Medicaid Nursing Facility per diem rate for each Medicaid or dually eligible individual on hospice residing in a nursing facility. This rate is required by Section 1902 (a)(13)(B) of the Social Security Act and is an additional per diem rate paid on routine home care and continuous home care days. Any Medicaid payment to the nursing facility ceases when the rate is paid to the hospice provider. The hospice provider pays the 95% rate to the nursing facility for room and board. All nursing facility rates may be viewed at <http://www.medicaid.ms.gov/Providers.aspx>.

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~~Hospice benefits include the same services and limitations thereon as available under the Medicare program, 42 CFR Part 418, except as noted herein as follows:~~

- ~~A. Election of the hospice option causes the recipient to forfeit all other Medicaid program benefits that are related to the treatment of the individual's terminal illness or are duplicative of hospice, but only if those services are also provided by Medicare.~~
- ~~B. The exceptions to this are the services of a physician that is not employed by the hospice and primarily responsible for the care of the recipient.~~
- ~~C. Election periods are: (1) An initial 90 day period; (2) A subsequent 90 day period; or (3) an unlimited number of subsequent 60 day periods are available provided a physician certifies that the recipient is terminally ill or that the condition of the recipient has not changed since the previous certification of terminal illness.~~
- ~~D. A written initial certification statement signed by the medical director of the hospice OR the physician member of the hospice interdisciplinary group, AND the beneficiary's attending physician. The written certification must include a statement that the beneficiary's medical prognosis is six (6) months or less and that hospice services must be reasonable and necessary for the palliation or management of the terminal illness and related conditions.~~
- ~~E. The medical director of the hospice or physician member of the hospice interdisciplinary group and the beneficiary's attending/certifying physician MUST be different physicians. Medical certification is required by the individual's attending physician; however, if the beneficiary's primary attending physician and the Hospice interdisciplinary physician or the Hospice Medical Director is the same person, documentation must be provided to show that this person has been treating the beneficiary for the end of life illness prior to admission.~~
- ~~F. The written re-certification statement must be signed by the medical director of the hospice OR the physician member of the hospice interdisciplinary group. The written certification must include a statement that the beneficiary's medical prognosis is six (6) months or less and that hospice services must be reasonable and necessary for the palliation or management of the terminal illness and related conditions.~~
- ~~G. Nursing care is provided by a registered nurse (RN). The RN shall identify the beneficiary/family's physical, psychosocial, and environmental needs and reassess as needed but no less than every 14 days at the beneficiary's residence. When aide services are being provided, the registered nurse will make supervisory visits to the beneficiary's residence at least every other week to provide direct supervision, assess relationships, and evaluate care plan goals. For the initial visit, the RN must accompany the nurse aide.~~

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